

Gay and Bisexual Identity Development Among Female-to-Male Transsexuals in North America: Emergence of a Transgender Sexuality

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Abstract We studied a North American sample of female-to-male (FtM) transsexuals sexually attracted to men, aiming to understand their identity and sexuality in the context of a culture of transgender empowerment. Sex-reassigned FtM transsexuals, 18 years or older and attracted to men, were recruited via an FtM community conference and listserv. Participants ($N = 25$) responded to open-ended questions about identity development, sexual behavior, and social support. Data were analyzed by content analysis. Scores for sexual identity, self esteem, sexual functioning, and psychological adjustment were compared to those of a comparison group ($N = 76$ nontransgender gay and bisexual men). Of the 25 FtMs, 15 (60%) identified as gay, 8 (32%) as bisexual, and 2 (8%) as queer. All were comfortable with their gender identity and sexual orientation. The FtM group was more bisexual than the nontransgender gay and bisexual controls. No significant group differences were found in self esteem, sexual satisfaction, or psychological adjustment. For some FtMs, sexual attractions and experiences with men affirmed their gender identity; for others, self-acceptance of a transgender identity facilitated actualization of their attractions toward men. Most were “out” as transgender among friends and family, but not on the job or within the gay community. Disclosure and acceptance of their homosexuality was limited. The sexual identity of gay and bisexual FtMs appears to mirror the developmental process

for nontransgender homosexual men and women in several ways; however, participants also had experiences unique to being both transgender and gay/bisexual. This signals the emergence of a transgender sexuality.

Keywords Transsexualism · Transgender · Female-to-male · Gay · Bisexual · Sexuality

Introduction

Previously, we reported on the development of homosexual and bisexual identity among nine Dutch sex-reassigned female-to-male (FtM) transsexuals (Coleman, Bockting, & Gooren, 1993). Phenomenologically, these cases challenged gender transposition theories, questioned the clinical value of classifying female-to-male transsexuals on the basis of sexual orientation, and argued for defining a transsexual person's sexual orientation on the basis of their gender identity rather than their natal sex or genitalia.

According to gender transposition theories, gender nonconformity and transposition lead to the development of homosexual behavior (Pillard & Weinrich, 1987); however, when applying this theory to female-to-male transsexuals attracted to men, one could argue that gender nonconformity and transposition led to sexual behavior with males in a natal female (Coleman & Bockting, 1988). Findings of the Dutch study supported Blanchard's (1989) opinion that the classification of homosexual and nonhomosexual transvestic gender dysphoria does not apply to female-to-male transsexuals (see also Blanchard, Clemmensen, & Steiner, 1987); only one of the nine Dutch study participants reported any sort of fetishism in his history. Although all but one decided not to pursue phalloplasty and some engaged in receptive penovaginal intercourse, it seemed most appropriate to define their sexual

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orientation consistent with their self-identification as homosexual or bisexual rather than heterosexual.

Perhaps most importantly, no major differences were found between the nine Dutch transsexuals and a group of nontransgender gay-identified men in psychological adjustment and sexual satisfaction, and none of the female-to-males expressed any regret in having had sex reassignment, indicating that a sexual orientation toward men should no longer be viewed as a risk factor for sex reassignment (Coleman & Bockting, 1988). However, because the Dutch study had a very small sample—with all participants drawn from a country known for its tolerance of sexual diversity—the psychosocial adjustment findings would not necessarily generalize to other parts of the world. We sought to improve the generalizability of our findings by studying a larger sample in North America, and identifying similarities and differences with the Dutch sample.

Since the publication of the Dutch study, several clinicians and researchers have reported on the identity and sexuality of female-to-male transsexuals attracted to men (Chivers & Bailey, 2000; Devor, 1993, 1997; Dickey & Stephens, 1995; Scheifer, 2006; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005a). Devor (1993) examined the sexual orientation of 45 female-to-male transsexuals. Nine (23%) identified as gay or bisexual after transition. Findings indicated that after having established a male gender identity and role, participants' attractions toward men became more salient. Before transition, their attractions toward men were disconfirming of their identities as men; after transition, once feeling solidly established as men, participants were able to indulge their sexual curiosity about men without having it threaten their male gender identity. Devor concluded that the logical way for female-to-male transsexuals to explore male sexuality would be through interactions with gay men. Similarly, Scheifer (2006) concluded on the basis of interviews with 5 gay female-to-male transgenderists that sex with men served to reinforce their maleness, masculinity, and identities as gay men.

A similar phenomenon, but in the opposite direction, was found by Daskalos (1998) among male-to-female transsexuals. Those who experienced a change in their sexual orientation from heterogenderal (toward women) to homogenderal (toward men) attributed this change to the emergence of their female gender identity. Again, not until after transition were participants able to acknowledge, explore, and pursue their attractions toward men. Furthermore, Daskalos concluded that participants' attractions toward men went beyond autogynephilic fantasies and imagery as described by Blanchard (1991) and valued men as sexual and romantic partners in their own right.

Dickey and Stephens (1995) described two case studies of female-to-male transsexuals attracted to men. They concurred with Coleman et al. (1993) that the cross-gender identity of these individuals was bona fide, their same-gender

sexual orientation consistent and persistent, and that such a sexual orientation should not be seen as a contra-indication for sex reassignment. Moreover, both cases denied a history of sexual arousal associated with, or fantasies involving, cross-dressing, thus offering no support for the presence of transvestic gender dysphoria. Nevertheless, Chivers and Bailey (2000) argued for extending the typology of homosexual and nonhomosexual gender dysphoria to female-to-male transsexuals. They found less childhood masculinity and less desire for phalloplasty among female-to-males attracted to men ($n = 17$) than among those attracted to women ($n = 21$), yet no differences in adult cross-gender identification or desire for sex reassignment were found. Finally, Smith et al. (2005a) also argued for extending the typology, finding more psychological problems among female-to-males attracted to men ($n = 22$) than among those attracted to women ($n = 52$). They found no differences, however, in gender dysphoria or sexual arousal while cross-dressing (found in only one of the female-to-males attracted to men). Hence, the debate continues about the importance of classifying transsexuals on the basis of their sexual orientation, including for purposes of diagnosis and clinical decision making (American Psychiatric Association, 2000; Bockting, 2005). We sought to inform this debate by providing an in-depth understanding of the identities and sexualities found among the female-to-male population.

Because we did not complete data collection for the North American study until recently, the sample represents a different generation of gay or bisexual female-to-male transsexuals than the one obtained in the Netherlands. In order to adequately interpret the findings, it is important to understand a paradigm shift that has occurred in the last 15–20 years in the conceptualization and expression of transgender identities in North America (Bockting, 1997, 1999, 2008). Traditionally, transsexuals were described as women trapped in male bodies and men trapped in female bodies, reflecting a binary conceptualization of gender; treatment focused on helping transsexuals to change sex and pass as nontransgender men and women. Once a generation of sex-reassigned transsexuals came of age, a transgender consciousness emerged, with individuals coming out and affirming a unique transgender or transsexual identity from “outside the boundaries of gender, beyond the constructed oppositional nodes” of male versus female (Stone, 1991, p. 295; see also Kimberly, 1997). Since the early 1990s, the emphasis of treatment is no longer on passing, but rather on facilitating a coming out process (Bockting & Coleman, 2007). In a national study of the U.S. transgender population, about one-third of female-to-male participants ($N = 532$) reported being “out” about their transgender identity in most areas of their lives while another third remained heavily invested in passing (Bockting, 2003). As a result of this paradigm shift, transgender individuals have gained visibility, built community, and created a space in which

they can more freely explore their sexuality. In this context, the current study provides insight into how female-to-male transsexuals attracted to men construct their identities and sexualities in a time of transgender liberation and empowerment.

Our research questions were as follows: (1) How do female-to-male transsexuals attracted to men describe their experience of identity and sexuality? (2) How does being both transsexual and gay or bisexual affect one's identity development? (3) What are the psychosocial challenges associated with being female-to-male transsexual as well as gay or bisexual? (4) What is the psychosexual adjustment of sex-reassigned gay or bisexual female-to-male transsexuals and how does it compare to that of nontransgender gay or bisexual men?

Method

Participants

A total of 33 sex-reassigned female-to-male transsexuals attracted to men were recruited through the authors' outpatient sexual health clinic, an FtM conference (via a booth), the community organization FTM International (via e-mail), a transgender listserv, and snowball sampling (via previous participants). As in the Dutch study, we were interested in their psychological, social, and sexual adjustment after hormonal and surgical sex reassignment. Hence, data from eight participants were excluded because they did not meet our inclusion criterion of being post-surgical; thus, the final sample consisted of 25 participants who had received masculinizing hormone therapy and completed at least chest surgery. Demographics are presented in Table 1. The mean age of participants was 32.8 years ($SD = 7.70$, range 21–46). Two were living in Canada and the rest in the United States.

A comparison group of nontransgender gay and bisexual men was recruited via a booth at a Gay, Lesbian, Bisexual, and Transgender Pride Festival in a metropolitan area in the U.S. The mean age of the nontransgender group ($N = 76$) was 35.9 years ($SD = 10.93$, range 19–59). Except for religion, there were no significant differences in demographics between the female-to-male and nontransgender groups. The female-to-male transsexuals were less likely to subscribe to any particular religion, $\chi^2(4) = 44.55$, $p < .001$.

This study was approved by the University of Minnesota Institutional Review Board, Human Subjects Committee. All participants gave informed consent.

Measures and Procedure

After hearing about the study, transsexual participants contacted the first author. When feasible, a 90-min semi-structured interview was conducted face-to-face, audio taped, and transcribed. In

Table 1 Demographics

Variable	FtM transsexuals ($N = 25$)		Gay/bisexual men ($N = 76$)	
	<i>n</i>	%	<i>n</i>	%
Ethnicity				
White	21	84	61	80
Black	0	0	3	4
Latino	0	0	5	7
Asian	1	4	3	4
Native American	2	8	2	3
Other	1 ^a	4	3	4
Education				
Less than high school	0	0	1	1
High school graduate	1	4	12	16
Some college	6	24	21	28
College graduate	10	40	26	35
Advanced degree	8	32	15	20
Employment				
Unemployed	3	12	4	5
Employed	18	72	66	88
Student	4	16	2	3
Disabled/retired	0	0	2	3
Marital status				
Never married	17	68	64	87
Married	2	8	4	8
Divorced/widowed	6	24	6	5
Relationship status				
Single	15	60	44	58
Committed relationships	10 ^b	40	32	42
Religious affiliation				
Christian	3	12	52	68
Jewish	5	20	0	0
Buddhist	3	12	0	0
Other	0	0	7	9
No affiliation	14	56	17	22

^a Indian

^b 4 with a male partner, 2 with a female-to-male partner, 3 with a female partner, and 1 with a number of different partners (polyamorous)

all other cases, the interview guide with open-ended questions was mailed to participants along with a self-addressed stamped return envelope. Questions focused on three main areas: identity development, sexual behavior, and social support (Appendix 1).

All participants were asked to complete a paper-and-pencil questionnaire that assessed demographic information, sexual orientation, gender identity, social sex role, sexual satisfaction, self esteem, and psychological adjustment.

Sexual orientation was assessed with the Klein Sexual Orientation Grid (Klein, Sepekoff, & Wolf, 1985). Using 7-point Likert scales, this instrument assessed the following

aspects of sexual orientation: sexual attraction, behavior, and fantasy; emotional and social preference; and self identification. For self-identification, the 7-point Likert scale was anchored as (1) heterosexual only, (2) heterosexual mostly, (3) heterosexual somewhat more, (4) homosexual and heterosexual equally, (5) homosexual somewhat more, (6) homosexual mostly, and (7) homosexual only. For all other aspects of sexual orientation, the Likert scales were anchored as (1) always with women, (2) mostly with women, (3) somewhat more with women, (4) equally with men and women, (5) somewhat more with men, (6) mostly with men, and (7) always with men. Each aspect was assessed for three time periods: in the past (prior to sex reassignment), present, and ideal.

Gender identity was assessed with two 7-point Likert scale items (1 = not at all, 7 = very much) asking participants how much they experienced themselves psychologically as male or female. Similarly, social sex role was assessed with two items asking how much participants saw themselves as having interests, attitudes, and mannerisms traditionally associated with being male or female. Transvestic fetishism was assessed by two items (yes/no): “Have you ever felt sexually aroused by men’s clothing?” and “Have you ever masturbated in response to men’s clothing?”

Sexual satisfaction was assessed with two subscales of the Derogatis Sexual Functioning Inventory (DSFI) (Derogatis & Melisaratos, 1979). The first subscale consisted of 10 true/false items about satisfaction with various aspects of sexuality, including the frequency, duration, and variety of sex, orgasm, sexual interest, and communication. The number of items reflecting a positive evaluation resulted in a scale score ranging from 0 to 10, with higher scores indicating greater satisfaction. The reported mean score of a non-clinical sample of 325 men was 7.82 ($SD = 1.60$), and the internal consistency was .71. The second subscale, the Global Sexual Satisfaction Index, consisted of a single item asking participants to rate on a 9-point scale how satisfying their present sexual relationship is. Scores could range from 0 to 8 (0 = could not be worse, 8 = could not be better). For the Index, the mean for a non-clinical sample of men was 5.19 ($SD = 1.53$).

Self-esteem was assessed with the Rosenberg Self-Esteem Scale (Rosenberg, 1965). This instrument consists of 10 4-point Likert scale items on which participants indicated to what extent they agreed or disagreed with such statements as “I am able to do things as well as other people” and “All in all, I am inclined to feel that I am a failure.” Likert scales were anchored as (1) strongly agree, (2) agree, (3) disagree, and (4) strongly disagree. An item response theory analysis using a sample of undergraduate students ($N = 1,234$) revealed that the scale was unidimensional with a Cronbach’s alpha of .88 (Gray-Little, Williams, & Hancock, 1997).

Psychological adjustment was assessed with an English translation of the Dutch shortened version of the Minnesota Multiphasic Personality Inventory, the NVM (Nederlandse

Verkorte MMPI; Luteijn & Kingma, 1979). This instrument consists of 83 true/false items measuring five personality dimensions: Negativism, Somatization, Shyness, Psychopathology, and Extraversion. Higher scores indicate more psychological dysfunction on the first four scales but less on Extraversion.

Qualitative Analysis

Two analysts independently reviewed interview transcripts (and written responses to the open-ended questions for those who did not participate in an interview) to identify themes for qualitative coding until no new themes emerged. The analysts then met to compare these themes, resolve discrepancies, and agree on a coding scheme. Subsequently, each analyst independently coded all transcripts resulting in a composite. Together, the analysts interpreted the data under each theme and selected quotes that best represented it for illustrative purposes.

Results

Quantitative Assessments

Sexual Orientation, Gender Identity, and Social Sex Role

Transsexual participants’ ratings of their sexual orientation are presented in Table 2. Ratings for the past (before sex reassignment), the present, and the ideal were compared for each of the six aspects of sexual orientation. Except for two aspects (sexual behavior and social preference), the repeated measures ANOVAs were significant. Post hoc comparisons indicated that, in the present, participants’ mean sexual attraction, fantasy, emotional attachment, and self-identification were significantly more toward men than before sex reassignment (all $ps < .05$). Ratings for the present and ideal were significantly different for only two aspects: sexual attraction and self-identification, both in the direction of ideally wanting to be more bisexual ($p < .01$ and $p < .05$, respectively), suggesting that participants were comfortable with most aspects of their sexual orientation. None of the comparisons between past and ideal were significant, suggesting that participants were also very comfortable with their sexual orientation in the past.

Compared to nontransgender gay and bisexual men, female-to-male transsexuals were significantly more bisexual in all aspects of their sexual orientation except for social preference (Table 3). For this one aspect, the difference was in the same direction, but not significant. The transsexual group and comparison group had similar mean ratings for gender identity (the feeling of being a man and/or woman) and masculinity in the social sex role; however, the transsexual group viewed themselves as significantly less feminine than did the nontransgender men ($p < .05$).

Table 2 Sexual orientation of gay and bisexual female-to-male transsexuals ($N = 25$)

Aspect of sexual orientation ^a	Past ^b		Present		Ideal		$F (df)^c$	p
	M	SD	M	SD	M	SD		
Sexual attraction	4.44	2.24	5.72	1.24	4.54	2.23	6.10 (38.20)	.008
Sexual behavior	4.83	2.04	5.83	1.88	4.96	1.97	2.41 (44)	ns
Sexual fantasy	4.44	2.31	5.56	1.47	4.54	2.30	4.14 (35.18)	.036
Emotional preference	3.79	2.17	4.67	1.52	4.65	1.47	4.45 (35.71)	.027
Social preference	3.88	1.56	4.44	1.36	4.67	0.82	2.66 (48)	ns
Self-identification ^d	4.00	2.52	5.38	1.64	4.96	1.75	5.51 (26.20)	.023

^a Except for self-identification, all assessed on Likert scales of 1–7, with 1 = always with women, 4 = equally with men and women, and 7 = always with men

^b Before sex reassignment

^c Because sphericity could not be assumed for sexual attraction, fantasy, emotional preference, and self-identification, we used Greenhouse-Geisser corrections

^d Assessed on a Likert scale of 1–7, with 1 = heterosexual only, 4 = homosexual and heterosexual equally, and 7 = homosexual only

Table 3 Comparison of the sexual orientation, gender identity, and social sex roles of female-to-male (FtM) transsexuals and non-transgender gay/bisexual men

Variable	FTM transsexuals (<i>N</i> = 25)		Gay/bisexual men (<i>N</i> = 76)		<i>t</i> (<i>df</i>)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Sexual orientation (present) ^{a,b}						
Sexual attraction	5.72	1.24	6.69	0.71	3.72 (29.54)	.001
Sexual behavior	5.83	1.88	6.81	0.71	2.45 (24.02)	.022
Sexual fantasy	5.56	1.47	6.64	0.83	3.47 (29.42)	.002
Emotional preference	4.67	1.52	5.97	1.32	4.30 (95)	<.001
Social preference	4.44	1.36	5.13	1.54	1.98 (95)	ns
Self-identification ^c	5.38	1.64	6.50	0.90	3.21 (27.82)	.003
Gender identity ^d						
Man	6.28	0.98	5.95	1.10	1.35 (98)	ns
Woman	1.76	1.34	2.18	1.35	1.27 (95)	ns
Social sex role ^e						
Masculinity	5.22	1.26	4.96	1.41	0.82 (94)	ns
Femininity	2.48	1.50	3.21	1.49	2.12 (99)	.036

^a The overall MANOVA of sexual attraction, behavior, fantasy, emotional preference, social preference, and self-identification was significant (Wilks' Lambda $F(6) = 4.30, p = .001$)

^b Except for self-identification, all aspects of sexual orientation were assessed on Likert scales of 1–7, with 1 = always with women, 4 = equally with men and women, and 7 = always with men

^c Assessed on a Likert scale of 1–7, with 1 = heterosexual only, 4 = homosexual and heterosexual equally, and 7 = homosexual only

^d Assessed on Likert scales of 1–7, with 1 = not at all and 7 = very much experiencing themselves psychologically as male or female

^e Assessed on Likert scales of 1–7, with 1 = not at all and 7 = very much seeing themselves as having interests, attitudes, and mannerisms traditionally associated with being male or female

Sexual Satisfaction, Psychological Adjustment, and Self Esteem

The female-to-male transsexuals reported a high level of sexual satisfaction. Scores on the Sexual Satisfaction subscale and the Global Sexual Satisfaction Index of the DSFI were not significantly different from the nontransgender gay and bisexual men. The female-to-male transsexuals were

significantly less extraverted than the nontransgender gay and bisexual men (Table 4). The other differences between the two groups were not significant.

Transvestic Fetishism

Seven (7/22, 32%) of the female-to-male transsexuals reported having been aroused by men's clothing. However, so did 61

Table 4 Comparison of the sexual satisfaction, self esteem, and psychological adjustment of female-to-male (FtM) transsexuals and non-transgender gay/bisexual men

	FtM transsexuals (<i>N</i> = 25)		Gay/bisexual men (<i>N</i> = 76)		<i>t</i> (<i>df</i>)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
DSFI ^{a,b} sexual satisfaction subscale	7.58	2.43	6.89	2.28	1.27 (98)	ns
DSFI ^{a,c} Global Sexual Satisfaction Index	5.10	2.07	4.93	1.91	0.35 (87)	ns
Rosenberg Self-Esteem Scale ^d	17.12	5.50	18.16	5.22	0.85 (98)	ns
NVM ^e subscales						
Negativism	21.92	6.88	21.25	8.54	0.35 (95)	ns
Somaticizing	5.44	5.72	7.38	6.04	1.39 (92)	ns
Shyness	14.16	6.77	15.67	7.32	0.90 (95)	ns
Psychopathology	3.24	2.28	4.22	3.41	1.34 (95)	ns
Extraversion	12.83	5.13	17.28	6.16	3.18 (94)	.002

^a Derogatis Sexual Functioning Inventory

^b Individual scores were a summation of the number of items (0–10) endorsed that indicated a positive self evaluation of satisfaction. Higher mean scores reflect a higher level of sexual satisfaction

^c Satisfaction with present sexual relationship, assessed on a 9-point Likert scale, with 0 = could not be worse and 8 = could not be better

^d Assessed with 10 items, each consisting of a Likert scales from 1 to 4, with 1 = strongly agree and 4 = strongly disagree, so that summary scores could range from 10 to 40. Where applicable, item scores were inverted so that higher scores reflect better self esteem

^e Nederlandse Verkorte MMPI (Dutch shortened version of the MMPI). Consistent with the scoring instructions for the NVM, raw item scores (ranging from 0 to 2) were summed so that a higher summary score reflects a higher level on each of the five personality dimensions

(61/73, 84%) of the nontransgender gay and bisexual men, making them 10.9 times more likely than the transsexuals to report sexual arousal in response to men's clothing (95% *CI* = 3.7–32.2). Three (3/22, 14%) of the transsexuals and 29 (29/73, 40%) of the nontransgender men reported ever having masturbated to men's clothing ($p < .05$).

Qualitative Coding Themes for Identity Development

Self-Identification

When transsexual participants were asked to describe their sexual orientation in the interview, 15 (60%) defined themselves as gay, 8 (32%) as bisexual, and 2 (8%) as queer. All felt comfortable with their sexual orientation and their gender identity.

Two-thirds of participants identified as gay or bisexual in a similar way as nontransgender men would. As one explained, "I identify as a gay man. I am also a transsexual. Sexually, I am attracted primarily to men, and since my gender identity is male, I consider myself homosexual." Another said, "I feel that my bisexual identity is a healthy part of who I am, and I am comfortable with this identity and feel privileged to have come to this point of equal appreciation and love for both men and women." One-third affirmed their sexual identity and orientation outside the dichotomies of man versus woman and gay versus straight. As one participant explained:

I would describe myself first as a guy, then as a gay man, then as an FtM, then perhaps, if people are savvy enough, as a queer FtM who still has sex with women (usually butch women or MtFs) once in a while.

Recalled Childhood Feelings

Participants consistently reported that they became aware of their cross-gender feelings in early childhood (e.g., "pre-school," "in kindergarten," "age 3 or 4"). They also recalled childhood gender role nonconformity: "I always felt different, because I wasn't the right kind of girl. I wasn't feminine, I was never comfortable in girls' clothes, and so those aspects of being a non-traditional girl made me very aware that I was different." For half of the participants, sexual attractions toward men became more pronounced later in life; for the other half, these feelings were also present in childhood. One participant recalled, "I was infatuated or fascinated by TV shows and movies that showed a lot of male flesh, especially bare chested men—Chuck Connors (the Rifleman), Nick Adams (the Rebel), Steve Reeves (Hercules). The bread delivery man was my boyfriend."

Being Transsexual and Gay/Bisexual

As in the Dutch study, almost all participants became aware of transgender feelings before they became aware of sexual attraction toward men. As one participant explained:

I do not think being gay and being transsexual are directly related. My awareness of the dissonance between my internal gender identity and my physical body came long before my awareness of sexual orientation. I think, for me, it was easier to deal with being homosexual, because I had already dealt with being transsexual.

Participants described two ways in which the combination of being transsexual and gay/bisexual affected their identity development. For some, the attractions toward men delayed pursuit of sex reassignment:

My sexual attraction to men had nothing to do with my decision to pursue SRS. If anything, it delayed it. In middle school, my friends were becoming sexually interested in boys. I suffered such a severe internal conflict over being attracted to men because I knew that men were attracted to women. As a result, I suppressed my sexuality for a number of years.

A few participants denied their attractions toward men until after reassignment: “I first dismissed my attractions to men as just a fascination with their bodies because I wanted my body to be like theirs.” Another participant said:

It was only as I began to live as a man that I realized my attractions toward other men. Prior to that, I firmly denied any trace of attraction to anything but women. I think I feared that attractions to men would make me less of a man. Once I was free to experience myself as a man in the outward sense (socially accepted), I began to freely experience my attractions toward other men. As I became who I am (man), I became aware of all that I am (bisexual man). I do believe that my transsexual background laid some groundwork so that I could be more accepting of my bisexuality.

Identifying as Lesbian

Also consistent with the Dutch study’s findings was that two-thirds of participants went through a period of identifying as lesbian:

In adolescence... I felt male but didn’t think about it since there was no known solution at that time. I therefore identified as lesbian since that was the closest I could come to being myself without a sex change (which I believed was impossible for FTM). I have always been part of the gay community and felt happy and comfortable as such. After the sex change, I just rejoined the community on the other side of the fence.

These periods of lesbian identification were often short-lived: “Probably more people identified me as such [as lesbian] than I did. I did briefly, because I didn’t realize

anything else was possible. More officially, I regarded myself as bisexual, since I was attracted to men.”

Challenging the Binary Gender Schema

With increasing years after transition and with increased exposure to the transgender community, participants began to challenge society’s binary gender schema. For 20% of participants, this involved reclaiming aspects of their past gendered experiences and integrating these into a distinct transgender identity:

I think that my identity as an FtM (and not necessarily a “man”) often sets me apart from old school tranny men who want to leave their pasts in the closet. I don’t have that option due to my visibility as an out FtM, and I use that visibility to educate people and advocate for tranny respect and rights. Those old school trans men who are “real men” like to do manly things and are into stereotypical masculinity really turn me off. I try not to take on people’s sexist bullshit about what a man is supposed to be any more than I did about what a woman is supposed to be. I think the concept of masculinity in dominant culture is something that is set up to make sure that by and large, we all pale in comparison. It is an ideal that is never achieved by the majority of men. So how do we as men affirm our identities in the face of such an oppressive stereotype? I chose to maintain my feminist identity and many of my political beliefs that were profoundly influenced by the period in my life I spent as a dyke. I guess I’m really glad that there are those traditional guys out there, because that just frees up a whole lot of room for the rest of us who feel profoundly isolated from those traditional stereotypes to form our own identities and relationships.

Along with gender identity, these participants also began to think about sexual orientation in new ways. For example, one participant defined his sexual orientation on the basis of social sex role/gender expression, rather than sex or gender identity:

I have a queer gender and a queer sexual orientation... I am attracted to people in the same region of the gender galaxy as me regardless of whether they were assigned F or M at birth. Their gender expression matters to me. I like any type of genitalia and birth assigned genders. The only thing that changed was that before reassignment, I was invisible to fags and now I’m invisible to butch dykes. The more transpeople I’ve known plus the more comfortable I am with myself, the less binary my view has become. The binary gender system doesn’t work for me. Neither does a spectrum. For example, it’s not a line from female butch women, ftm, male. Many butch women are more butch than many ftms. I’m a

sissy tranny fag. I have a friend who's ftm but not male identified who does female drag. I have third gender friends. It's a GENDER GALAXY.

Qualitative Coding Themes for Sexual Behavior

Sexual History and Fantasies

Participants reported a history of sexual experiences with men, women, and transgender persons. For four participants, this included sexual abuse by an older brother or man, as one participant stated: “My first sexual experience was with my brother, I was raped. It seems very clear to me that my brother was sexually abused by an adult from a very early age, and was acting out on that stuff with me.” None felt that this directly affected their gender identity. As in the Dutch study, a number of participants (25%) reported having had sexual fantasies about men that they described as gay long before sex reassignment. For example:

As a transman, I started talking about my attractions to men as another guy well before I started testosterone. I used to describe myself as a faggot and a dyke trying to share the same body. Emotionally and sexually I was involved with women, but my fantasy life and attractions were almost exclusively gay male. I talked about it a lot, even before I decided to transition.

Half of participants elaborated on a shift in the image of themselves in their sexual fantasies as they became more comfortable with their bodies as a result of going through reassignment. They explained that, in time, they relied less on sexual fantasies of themselves as male to affirm their gender identity and were more likely to fantasize about themselves as transgender. For example:

Before sex reassignment, I fantasized about myself in a variety of sexual situations. I was almost always male, but my partner was either male or female, though predominantly male. Prior to transition, I rarely, if ever, fantasized about myself as transgendered. After transition, my fantasy partners are usually male, but not always. Sometimes my fantasy partner is another FtM. Usually, I am fully male in my fantasies, but sometimes I am just as I am in real life—a man with female genitalia.

Impact of Hormone Therapy

Participants experienced a marked increase in their sexual desire after the onset of hormone therapy. Not only did their sex drive increase, they also reported a different experience of sex as more urgent and less controllable. Once their body had become more congruent with their gender identity as a

result of the masculinizing effects of the hormones, participants became more comfortable incorporating their female genitalia into sexual activity:

With hormone treatment, the libido has picked up, definitely. It's more of an imperative. Before hormones, sex actions were more of an option. I refer to my libido as “Ming the merciless.” I find it more enjoyable and less interruptible or stoppable.

I have seen a change in the level of sexual interest. I had a strong drive prior to any treatment and, when in a relationship, would have sex almost every day, but when I started hormones, I felt like I had to have sex everyday no matter what. My drive increased and I wanted sex to last longer. I also started wanting anal sex—both to give and receive. As my body became more masculine, I became comfortable with my partner touching my genitals and at times penetrating—something I had never allowed before.

Genitalia

Participants were divided about phalloplasty. One (4%) participant had a phalloplasty, 10 (40%) desired one, and 14 (56%) were not interested. For some, phalloplasty was a critical factor: “I had the phalloplasty done as quickly as I could arrange it once I confronted the apparent transsexualism—which I could do only after I learned there was such a thing as phalloplasty.” A number of participants explained that they were not interested because of the current limitations of the surgery. They hoped for technological advancements and improvements in transplants, immunology, and stem cell research. The majority of participants had achieved sufficient comfort with their current body and were able to find sexual partners who accepted them:

I do not have a phalloplasty. If the possibility of satisfactory results was greater and the possibility of unacceptable complications was less, I would definitely have one. Considering these factors, I feel I have made the best choice at this time. I am becoming more comfortable with, and getting pleasure from, my body as it is. Sometimes, though, I feel very disappointed, cheated, and a bit angry that I am unable to acquire “normal” functioning male genitals. My partner does not appear to be bothered by it.

One participant explained that, for him, phalloplasty was not necessary for sex but to affirm and protect his gender identification: “I want to have genitals that match my gender, mostly for congruency and in case someone should question my gender based on genitals. I don't necessarily need a penis to function daily as a man or to have sex.”

Receptive Vaginal Sex

Although phalloplasty was by most not considered a viable option at this time, for at least a third of participants—with increased comfort in the male gender role and increased comfort with their transgender body—receptive vaginal intercourse had become part of their sexual repertoire:

I engage in vaginal intercourse, from behind, while on my stomach. We do vaginal penetration, active oral sex, and mutual manual stimulation. Prior to sex reassignment surgery, and especially hormones, I was rarely tolerant of vaginal penetration. Now I am most pleased with it.

The Importance of Community

Participants explained that contact with others in the transgender community was instrumental in giving themselves permission to explore and enjoy their body and sexuality:

I attended a conference where I met other guys like myself who had the attitude that they got pleasure from what they had and that was okay. I went home with the realization that I had the right to enjoy the body I had to whatever degree I could. Before that, I was very uncomfortable with the idea of being aroused through contact with my chest or genitals.

Several participants reported sexual experiences with other female-to-male transsexuals, providing a safe place to explore their sexuality: “My first gay sexual experience was at age 26. My partner was another FtM who also identifies as gay.” Another participant said, “I count FtM transsexuals as men in my pool of potential partners as well as gay men.”

Relationships

Participants reported success in establishing and maintaining relationships, whether with male, female, or transgender partners. They described genuine bonds of love and affection as illustrated by the examples from two of our participants:

My first gay experience was in February of this year. It made all other relationships pale by comparison. For the first time in my life, I “fell in love.” It felt like sex between equals for once. And easy give and take. Even though I was dumped, he was the best lover I ever had and I still love him. In the past, I would have reverted those feelings to hatred for my ex.

I think I thought too much about it at first: Will being intimate with a man be uncomfortable? Will I get unpleasant flashbacks from puberty? Will being with a

man threaten my own masculinity, etc.? Now, after being with Jim for 6 months, I realize that I am in the healthiest, most satisfying, enjoyable and meaningful relationship that I have ever been in. And it isn’t because Jim is male. It’s because of the person he is and the person I am when I’m with him.

Ten participants (40%) were in a committed relationship (see also Table 1). We had the opportunity to interview three of the male partners. They typically did not know they were dating a transsexual man until it was disclosed to them prior to becoming more physically intimate (i.e., including genital stimulation). While the nontransgender partner needed time to adjust to this information, the transsexual one needed time to face the shame associated with his genitalia and become comfortable revealing these to the partner. Initially, the focus of sexual activity was on the nontransgender partner (e.g., receiving oral sex). This became more reciprocal as the relationship and trust deepened. Nontransgender partners described their sexual relationships as definitely gay, because: “He is a male on the inside and as male as can be on the outside.” Relationships were described by these partners as loving, warm, and close, but also passionate: “He is very cute, I am very attracted to him sexually.” In some cases, the partners were included as part of the female-to-male’s family. For others, this was more difficult: “He will not acknowledge me to his friends and family, because it is far too complicated for them to understand, having gone through surgery and then this.” One couple was considering raising children together.

Emergence of a Transgender Sexuality

In reaction to the ongoing social stigma and in an effort to liberate themselves from the confines of the binary gender schema, participants began to claim their own sexuality and argue for greater visibility of their unique experience. This was reflected in participants’ comments about their sexual fantasies, anatomy, eroticism, and dating potential. Examples from three different participants: “I am much more comfortable having my fantasies include imagery of my body as it is. I am much more comfortable being in a liminal, trans-specific place in my fantasies.”

I had upper surgery. I do not want bottom surgery ever. The only thing I do hate is that I have to wear shorts into the steam room and men’s locker-room. I hate it that some gay men freak when they find out about my parts. I don’t want to change my parts. I want people to not have such rigid ideas about gender. If they’re my partners, they’re great. I’ve had tricks who haven’t been (some have, some haven’t). Some tricks say stuff that suggest I am deceiving them, this really pisses me off. I don’t deceive, I’m myself. If someone assumes that there’s

certain genitalia that goes with that, that's their stereotyping.

The invisibility of FtMs adds to the problems we face when trying to date other guys. We look like other guys after we've been on hormones long enough. There are many erotic images of MtFs out there, which is just not true for FtMs. There is no FtM section in the porno store... With gay men, many of whom never knew FtMs existed, there is fear of the unknown. If we as FtMs can increase our visibility and voices (not only of ourselves but of the men who love us as well), not only will our dating pool get bigger, but the drama surrounding the issue will cease to be so huge. It takes an exceptional person to deal with a man who has no penis, but a vagina and a clitoris, however hormonally changed they may be. There will also be exceptional men like the few that I have met who can learn to deal with my body and my mind just fine, and not only tolerate my genitals, but love them and me at the same time.

Qualitative Coding Themes for Social Support

Family

Although all families knew and most eventually came to accept participants' transsexuality, coming out to parents as also gay or bisexual was challenging:

My parents are aware of both my trans and gay identities and are not supportive of either. I think if I were straight it might be a different story, but they do not understand why, after starting hormones and doing surgery, I would want to be with men.

My parents are not aware of my attractions to men. I felt that there was no reason to kill... I mean I can just see my poor mother... that would just knock her out. I could just hear her say, "If you were going to be attracted to men, why did you have to put me through all this... why couldn't you have just gone out with men anyway? Before I did this, they were absolutely convinced I was a lesbian... they weren't happy about it, but they figured, well, if that's the way I want to live my life, go ahead and do it. And when I gave them the thing about the transsexuality, it made them crazy, and it has taken them a long time to get over that. If I were to go now and tell them, "well, I'm actually a bisexual," it would really be hard for them. You can't say "well, how would they react if I wasn't transsexual" because they had thought I was gay and they were okay with that. But now telling them that I'm gay is completely different than telling them ten years ago that I was gay.

More immediate support was found among siblings and in-laws:

My parents severed all contact with me when I told them I had started testosterone injections (5 years ago); my partner's parents have been very accepting. My older brother and I have never been close; my younger sister and I have remained close; two of my partner's siblings have been accepting, one has not.

Friends and Community

Participants reported acceptance from friends with various sexual orientations. They also reported support from coworkers, but not all participants had disclosed their transsexuality on the job. Experiences with the gay community were mixed: "I lost most of my dyke friends when I came out as an FtM. That sucked. They were slowly replaced with other supportive people, mostly other gay men." Another noted:

Sometimes I feel that knowledge of my transsexuality/homosexuality does influence acceptance. For example, I feel that gay men accept me as one of them until they learn about my background; after which I sometimes think I'm seen as a sort of curiosity.

One participant explained telling potential sexual partners that he is a hermaphrodite instead of transsexual. Other participants, however, did find acceptance within the gay community and some were commended for their courage: "All my gay male friends are aware. They stated things like: you are brave, neat, makes you more interesting as a human being, since it takes much self-examination to change gender." Nevertheless, participants struggled with their need to belong: "Most people seem to place me in a twilight zone of sorts. Not straight, not gay, too female to be male, too male to be female." Only contact with peers in the transgender community seemed to fulfill that need.

Discussion

The results confirmed several of the key findings of our earlier study with a smaller sample in the Netherlands (Coleman et al., 1993). The female-to-male participants in the current study developed both a strong cross-gender identity and a strong sexual attraction to men. They became aware of their cross-gender feelings first (in childhood), then of their attractions to men (for some in childhood, for others later in life). A number of participants went through a brief period of identifying as a lesbian in an attempt to find community, but recognized their gender identity and sexual orientation were different. Although participants perceived transsexuality and homosexuality to be two separate components of their sexual

identity, the combination of both caused some confusion. For some, the attractions toward men initially made them question their desire for sex reassignment; others were not able to allow themselves to experience and act on their attractions to men until after they had become more comfortable and secure with their own manhood. Furthermore, participants worried about the ability of others (family, friends, coworkers, community) to understand the combination of both issues. Therefore, some disclosed one or the other, but not both, which meant that families did not always know about participants' same-gender attractions whereas coworkers and community did not always know about participants' transsexuality. No major differences were found between female-to-male transsexuals and nontransgender gay and bisexual men in gender identity, social sex role, sexual satisfaction, and psychological adjustment; however, the transsexuals as a group were more bisexual in their sexual orientation.

The transsexual participants in our study were divided about the desire for phalloplasty. As in the Dutch study, the limitations of such surgery deterred most participants from pursuing it. While Devor's (1993) findings suggest that phalloplasty might be more important for female-to-males who are gay or bisexual than those who are straight because of the emphasis within the gay community on the penis, Chivers and Bailey (2000) argued the opposite: In order for female-to-males to be attracted to men, their brains would have to be masculinized less during critical periods of sexual differentiation and, as a result, they would have less desire for phalloplasty. Because our study did not include female-to-male transsexuals predominantly attracted to women, our findings do not provide direct support for either one of these explanations. However, consistent with the Dutch study, we found that, in time, participants (as well as their partners) became more comfortable with their female genital anatomy and were able to put the lack of a penis in perspective.

The main difference between the findings from this study and the experiences of the earlier interviewed Dutch sample was the emergence of a transgender sexuality as distinct from male and female sexuality. In a number of ways, the identity development of our sample mirrors the coming out process of nontransgender gay and bisexual men (Coleman, 1981/1982; Bockting & Coleman, 2007). Some participants clearly identified as men and defined their sexual orientation as gay or bisexual. However, at the same time, participants described experiences that went beyond conventional notions of homo- and bisexuality. Not only were at least one-third of participants able to reclaim their vulva and vagina and incorporate these in their sexual activities, but they also began to question the binary gender schema and describe their identity and sexuality in new ways. They took part in creating a transgender consciousness and community, which appeared to be an effort to cope with stigma and to find a sense of belonging. Such belonging might be more readily found among each other than

among nontransgender men. Some participants argued for greater visibility and the erotic appeal of their transgender-specific identity, anatomy, sexual behavior, and experience. These findings are consistent with Scheifer's (2006) analysis that gay female-to-male narratives "illustrate both the durability and permeability of distinctions between maleness and femaleness, masculinity and femininity, and homosexuality and heterosexuality" (p. 62). However, at least some of our participants expressed a desire to let go of the confines of gendered norms and expectations further and explore their own, transgender sexual scripts. Although not yet fully defined, other personal and community narratives of transgender sexuality have emerged in the queer studies literature (Bergman, 2006; Bornstein, 1998; Califa, 2002).

An alternative interpretation of the transgender sexuality found to be emerging among our participants is that this is a form of autoandrophilia (sexual arousal to the thought or image of oneself as a man), the female analogue of autogynephilia believed by some (e.g., Blanchard, 1989) to be a core component of nonhomosexual (defined as not being attracted to the same natal sex) gender dysphoria (Chivers & Bailey, 2000). An exploration of autoandrophilia was not the focus of our study. However, more than two-thirds of the female-to-male participants did not report any history of transvestic fetishism (almost always found among transsexuals with autogynephilia) or any evidence of an erotic target location error (in this case, the target of eroticism being the thought or image of oneself as a man rather than another human being). Rather, as in the Dutch study (Coleman et al., 1993), female-to-male participants described genuine sexual attractions to, and intimate relationships with, other men that went beyond satisfying their curiosity about male sexuality (as suggested by Devor, 1993, 1997).

Because we did not conduct any in-depth interviews with the nontransgender gay and bisexual men in our study, we do not know what the high prevalence of reported sexual arousal to men's clothing among this group means. Is it comparable to what some of the female-to-male participants experienced? Is the experience of either group in this respect parallel to transvestic fetishism? One important limitation is that our instrument did not specifically inquire about sexual arousal while actually *wearing* men's clothes. Further research is needed to shed light on the meaning and validity of this finding.

Our findings on social support were similar to those of the Dutch study, in that the adjustment for family and friends was particularly challenging because of the combination of transsexuality and homosexuality, yet most eventually were able to gain support. Within the gay, lesbian, and bisexual community, reactions were mixed: rejection by lesbian women was common and experienced as particularly painful. The main difference with the Dutch study's findings was that homosexuality was no longer considered a taboo among female-to-male transsexuals. To the contrary, participants reported

finding the greatest level of acceptance and permission to explore their sexuality among transgender peers. In general, experiences of social support reflected the pros and cons of disclosure. Nondisclosure may prevent rejection and ridicule; however, it also prevents one from reaping the benefits of one's true self being seen, accepted or revered, of finding community, and of joining with similar others to resist stigma and oppression (Castells, 1997).

Even though the sample of this study was considerably larger than the Coleman et al. (1993) sample, it was also a small convenience sample and, therefore, the results of this study should be interpreted with caution. Additional qualitative work is clearly needed to explore the nature and development of a transgender sexuality, as we suggested appears to have emerged. Subsequently, quantitative studies with larger, more representative samples are needed to test any hypotheses derived from this qualitative work or from theory. For example, although categorizing transsexuals on the basis of sexual orientation has led to a body of research showing differences between the two groups (e.g., Blanchard, Dickey, & Jones, 1995; Smith et al., 2005a, 2005b), a qualitative analysis of the development of transgender individuals' identity and sexuality may suggest alternative explanations for these differences. Our findings suggest that norms about male versus female sexuality, and the social stigma associated with crossing the boundaries associated with these norms, play an important role. Those growing up with a cross-gender identity who were able to conform in gender role and sexual orientation will likely experience a different developmental path than those who have to face the stigma attached to being nonconforming in one or both of these areas (Bockting & Coleman, 2007).

In conclusion, we found that gay or bisexual female-to-male transsexuals search for affirmation and belonging both within and outside existing categories of sex, gender, and sexual orientation. Being both transsexual and gay or bisexual poses a challenge not only to their own identity development, but also to the adjustment process of their families, friends, and community. However, with time and perseverance, comfort with identity can be achieved and acceptance and support can be found. While as a group, the female-to-males in our study identified as more bisexual than a comparison group of nontransgender men who have sex with men, few or no significant differences were found in gender identity, masculinity, sexual satisfaction, self esteem, and psychological adjustment. Finally, some experiences of transsexual participants signaled the emergence of a nonparaphilic, transgender (as opposed to male or female) sexuality.

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Appendix 1: Semi-Structured Interview Guide

Identity Development

1. How would you describe yourself when it comes to your sexual identity? (Gay men, bisexual, transsexual, other)
How do you feel about this?
How comfortable are you with this?
2. When do you recall feeling different for the first time, that is, feeling like a member of the other sex?
3. What came first? The feeling of being a boy or the awareness of attractions to other men?
Were your attractions to other men of influence to your decision to pursue sex-reassignment surgery?
Do you think your homosexual feelings have anything to do with your transsexual background? Is there a connection?
4. At what age did you start hormones?
What kinds of surgeries have you had and in what order?
How long ago?
5. To whom and to what type did you feel sexually attracted before sex-reassignment surgery?
Has this changed after sex-reassignment surgery?
Did you expect any change?
What is your favorite type?
6. At what age did you feel attracted to men for the first time?
When did you start talking to other people about your attractions to men?
When did you start identifying as gay or bisexual?
Did you ever identify as lesbian?

Social Support

7. Is your social support system aware of your transsexual background?
Is your social support system aware of your attractions to men?
Do they accept your transsexuality?
Do they accept your attractions toward men?
Does being aware of both your transsexuality and your homosexuality influence the level of acceptance?
Specification of social support system:
 - a. Parents
 - b. Siblings
 - c. Partners
 - d. Children
 - e. Friends
 - f. Colleagues
8. How many friends do you have?
What is their sexual orientation?
What percentage is homosexual? Bisexual? Heterosexual?

Transsexual? Crossdresser? Drag king/queen? Transgender?
Do they know about your transsexuality?
Do they know about your homosexual feelings?
How many gay, male friends are aware of your transsexuality?
How do they respond to this?

9. Do you feel accepted in the gay community?
Are people aware of your transsexuality in the gay community?
Does knowing about your transsexuality make any difference in the way people approach you?

Sexual Behavior

10. At what age did you have your first sexual experience/ encounter?
With what partner (male/female/transgender, homosexual/bisexual, heterosexual)?
What are your feelings about your first sexual experience)?
11. When did you have your first gay sexual experience? (notice the difference between a sexual experience with a man perceived as a heterosexual/homosexual experience)
How did you feel about this experience?
How do you feel about this experience now?
12. Were you involved in sexual contact with somebody who was much older than you (indicator of possible sexual abuse)?
13. When you compare pre- with post-sex-reassignment, has the level of your sexual interest changed? If yes, how? (Significance of hormone therapy)
14. Before sex-reassignment, were your sexual fantasies homosexual, bisexual, or heterosexual?
Did you fantasize about yourself as male, female, or transgender?
Has this changed after sex-reassignment? If yes, how?
15. Did you engage in masturbation before sex-reassignment? If so, how frequently?
In what way did you achieve orgasm?
Were you able to have multiple orgasms?
Did this change after sex-reassignment?
16. Before surgery, how comfortable were you with sexual arousal?
Has this changed after sex-reassignment?
17. With how many partners do you engage in sex?
How frequently are you having sex with one partner?
Do you have a lover?
18. Do you have a phalloplasty? If not, are you interested in pursuing a phalloplasty?
What are your feelings about having/not having a phalloplasty?
How do your partners respond to this?

19. When you are engaging in sex with a partner, what do you do?
What is your favorite sexual act?
What is your favorite sexual fantasy?
Do you engage in oral sex? As an inserter (receiving) or insertee (giving), or both ways?
Do you engage in anal sex?
Do you use toys, like dildos?
Who takes the initiative?
Do you prefer foreplay, petting, touching, or oral/anal/ vaginal sex?
How do you feel about nipple stimulation?
20. When you are engaging in sex, do you reach orgasm?
What percentage of times having sex do you experience orgasm?
Do you have the ability to experience multiple orgasms?

Concerns

21. What problems have you encountered concerning the combination of transsexuality and homosexuality (being a transsexual gay/bisexual man)?
22. Do you have any regrets about surgery?

Remarks

23. Would you like to add something?
Is there anything of importance we did not cover?

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